Fill i	n this information to identify yo	our case:		
Debt	- Davia i dai ity			
Debt	First Name	Middle Name Last Name		
- 0.00	or 2 Jean Marie Ry First Name	Middle Name Last Name		
Unite	ed States Bankruptcy Court for th	ne: EASTERN DISTRICT OF WISCONSIN		
Case	number 18-20366			
(if know	10 2000		_	ck if this is an nded filing
Sun Be as	complete and accurate as pos nation. Fill out all of your sche	ts and Liabilities and Certain Statistical Information ssible. If two married people are filing together, both are equally responsible to the first; then complete the information on this form. If you are filing amend at a new Summary and check the box at the top of this page.		
Part	1: Summarize Your Assets			
				assets of what you own
1.	Schedule A/B: Property (Official 1a. Copy line 55, Total real estat	al Form 106A/B) te, from Schedule A/B	\$	150,854.50
	1b. Copy line 62, Total personal	property, from Schedule A/B	\$	30,081.12
	1c. Copy line 63, Total of all prop	perty on Schedule A/B	\$	180,935.62
Part	2: Summarize Your Liabilitie	es		
				liabilities nt you owe
		re Claims Secured by Property (Official Form 106D) Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	123,096.00
		ave Unsecured Claims (Official Form 106E/F) Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from F	Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	40,788.44
		Your total liabilities	\$	163,884.44
Part	3: Summarize Your Income	and Expenses		
4.	Schedule I: Your Income (Officia	al Form 106I)		

Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

579.83

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on <i>Schedule E/F</i> , copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill	in this informat	tion to identify y	our case and th	is filin	g:				
Deb	otor 1	David Paul Ry	/an						
		First Name		Name	Last Name				
		Jean Marie Ry		Name	Last Name				
Jnit	ed States Bankr	uptcy Court for th	ne: EASTERN	DISTR	ICT OF WISCONSIN				
Cas	e number 18-	20366							Check if this is ar
									amended filing
_	ficial Forn hedule	n 106A/B A /B: Pro	operty						12/15
. Do	No. Go to Part 2.	e any legal or equi		ny resid	I Estate You Own or Have an Interest In lence, building, land, or similar property?				
1.1		Real Estate lo		Wha	t is the property? Check all that apply Single-family home	Do not dec	duct secured cla	ims (or exemptions. Put
		Lefeber Avenu vailable, or other descr			Duplex or multi-unit building Condominium or cooperative				ms on <i>Schedule D:</i> ecured by Property.
	Milwaukee	WI	53210-1143			Current va			rrent value of the rtion you own?
	City	State	ZIP Code			\$1	16,708.50		\$116,708.50
				Who	Timeshare Other has an interest in the property? Check one	(such as f			ownership interest by the entireties, or
						Fee Sim	ple		
	Milwaukee				Debtor 2 only	_			
	County				Debtor 1 and Debtor 2 only	■ Chec	k if this is com	mun	ity property
					At least one of the debtors and another		structions)	iiiuii	ity property
					r information you wish to add about this ite erty identification number:	m, such as lo	ocal		
				Pro	ue of \$129,100.00 was obtained fro perty Tax Bill. When you subtract sing costs it leaves \$116,708.50				

Page 3 of 61

	Jean Marie Ry	yan			Case	number (if known) 18-2	20366
If you	own or have r	more	than one, list h		in the property? Observe All the town to		
5811 V	I Property loca West Lisbon A dress, if available, or o	venu	е		is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Milwa City	ukee	WI State	53210-0000 ZIP Code		Manufactured or mobile home Land Investment property Timeshare Other	Current value of the entire property? \$21,264.00 Describe the nature of y (such as fee simple, ten a life estate), if known.	
Milwa	ukee			Who	has an interest in the property? Check one Debtor 1 only Debtor 2 only	Fee Simple	
County					Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iten erty identification number:	Check if this is com (see instructions) n, such as local	nmunity property
				Febi	ue of \$24,023.00 was obtained from ruary 8, 2018. (See Exhibit #A). Wh \$1,200.00 in closing costs it leaves	en you subtract a 6.	
If you own or have more than one, list he Rental Property located at: 5834-36 West Lisbon Avenue Street address, if available, or other description		ere:					
5834-3 Street add	36 West Lisbo dress, if available, or o	ated an Ave	at: enue cription	What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property. Current value of the
5834-3	36 West Lisbo dress, if available, or o	ated a	at: enue	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current value of the entire property? \$12,882.00 Describe the nature of y	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$12,882.0
5834-3 Street add	36 West Lisbo dress, if available, or o ukee	ated an Ave	at: enue cription 53210-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Commercial Property has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property? \$12,882.00 Describe the nature of y (such as fee simple, ten a life estate), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$12,882.0 Your ownership interest ancy by the entireties,
Street add Milwat City Milwat	36 West Lisbo dress, if available, or o ukee	ated an Ave	at: enue cription 53210-0000	What	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Commercial Property has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property? \$12,882.00 Describe the nature of y (such as fee simple, ten a life estate), if known. Check if this is com (see instructions) n, such as local Broker Price Opinion	d claims on Schedule I ms Secured by Property Current value of the portion you own? \$12,882 Your ownership interes ancy by the entireties

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debto Debto		avid Paul Ryan ean Marie Ryan		Case number (if known)	18-20366
3. Ca		trucks, tractors, sport utility ve	hicles, motorcycles		
□ 1	No				
-	Yes				
				Do not doduct cool	red claims or exemptions. Put
3.1	Make:	Isuzu Bodoo I C	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model: Year:	Rodeo LS 1991	☐ Debtor 1 only	Creditors Who Hav	re Claims Secured by Property.
		440,000	Debtor 2 only	Current value of the	
	Approxim Other info		Debtor 1 and Debtor 2 only	entire property?	portion you own?
		condition.	☐ At least one of the debtors and another		
	III poor	condition.	■ Check if this is community property (see instructions)	\$50	\$50.00
3.2	Make:	Ford	Who has an interest in the property? Check one		ared claims or exemptions. Put secured claims on Schedule D:
	Model:	F250	Debtor 1 only	Creditors Who Hav	re Claims Secured by Property.
	Year:	1988	Debtor 2 only	Current value of t	ne Current value of the
	Approxim	nate mileage: 220,000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other info	ormation:	\square At least one of the debtors and another		
	In poor	condition.	■ Check if this is community property (see instructions)	\$50.	\$50.00
3.3	Make:	Chevrolet	Who has an interest in the property? Check one		red claims or exemptions. Put secured claims on Schedule D:
	Model:	G20 Van	Debtor 1 only		e Claims Secured by Property.
	Year:	1984	Debtor 2 only	Current value of the	ne Current value of the
	Approxim	nate mileage: 150,000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other info	ormation:	At least one of the debtors and another		
	In poor	condition	_		
			Check if this is community property (see instructions)	<u>*************************************</u>	.00 \$55.00
3.4	Make:	Ford Cargo Van	Who has an interest in the property? Check one	Do not deduct secu	red claims or exemptions. Put
		E350 Econoline Super 1	По	the amount of any	secured claims on Schedule D: re Claims Secured by Property.
	Model:	Ton	☐ Debtor 1 only	Creditors Willo Hav	e Claims Secured by Froperty.
	Year:	1990 nate mileage: 80000	Debtor 2 only	Current value of the	
	Approxim Other info		■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
			At least one of the debtors and another		
	in poor	condition	Check if this is community property (see instructions)	<u>*************************************</u>	\$50.00
3.5	Make:	Cadillac	Who has an interest in the property? Check one		ured claims or exemptions. Put
	Model:	Fleetwood	Debtor 1 only		secured claims on Schedule D: re Claims Secured by Property.

1981

Approximate mileage:

In poor condition

Other information:

Model: Year:

\$50.00

Current value of the

portion you own?

Current value of the

\$50.00

entire property?

Debtor 2 only

(see instructions)

■ Debtor 1 and Debtor 2 only

lacksquare At least one of the debtors and another

■ Check if this is community property

150000

	or 2 <u>Jean Marie Ryan</u>		ase number (if known)	
3.6	Make: Dodge Model: Standard	Who has an interest in the property? Check one ☐ Debtor 1 only	the amount of any se	ed claims or exemptions. Put ecured claims on Schedule D: Claims Secured by Property.
	Year: 1924	Debtor 2 only	Current value of the	e Current value of the
	Approximate mileage: 100,000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	☐ At least one of the debtors and another		
	In fair condition	■ Check if this is community property (see instructions)	\$4,000.0	\$4,000.00
.7	Make: Ford	Who has an interest in the property? Check one		ed claims or exemptions. Put ecured claims on Schedule D:
	Model: E350 Van	Debtor 1 only		Claims Secured by Property.
	Year: 1989	☐ Debtor 2 only	Current value of the	e Current value of the
	Approximate mileage: 310,000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	☐ At least one of the debtors and another		
	In poor condition	■ Check if this is community property (see instructions)	\$50.0	\$50.00
8.8	Make: Chevrolet Model: C60 Box Truck	Who has an interest in the property? Check one Debtor 1 only	the amount of any se	ed claims or exemptions. Put ecured claims on Schedule D: Claims Secured by Property.
	Year: 1971	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 150000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	□ • · · · · · · · · · · · · · · · · · ·		
		☐ At least one of the debtors and another		
Wa	In poor condition	Check if this is community property (see instructions)	\$1,000.0	90 \$1,000.00
Exa	In poor condition Intercraft, aircraft, motor homes, ATVs a amples: Boats, trailers, motors, personal vectors. No res	■ Check if this is community property	d accessories accessories	\$5,305.00
Exa	tercraft, aircraft, motor homes, ATVs a amples: Boats, trailers, motors, personal volves dd the dollar value of the portion you of ges you have attached for Part 2. Write: Describe Your Personal and Household	Check if this is community property (see instructions) and other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle as we for all of your entries from Part 2, including and that number here	d accessories accessories	\$5,305.00
Acc.pa	tercraft, aircraft, motor homes, ATVs a amples: Boats, trailers, motors, personal volonies detected the dollar value of the portion you oges you have attached for Part 2. Write Describe Your Personal and Household ou own or have any legal or equitable is	Check if this is community property (see instructions) and other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle as we for all of your entries from Part 2, including and that number here	d accessories accessories	
Acc.pa	tercraft, aircraft, motor homes, ATVs a amples: Boats, trailers, motors, personal volves dd the dollar value of the portion you of ges you have attached for Part 2. Write: Describe Your Personal and Household	Check if this is community property (see instructions) and other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle as we for all of your entries from Part 2, including and that number here	d accessories accessories	\$5,305.00 Current value of the portion you own? Do not deduct secured

☐ No

Debtor 1 Debtor 2	David Paul I Jean Marie		se number (if known)	18-20366
■ Yes.	. Describe			
		Electronics: 2 Cell Phones, Computer, Printer, 2 Stereos, Television, VCR, and DVD Player		\$620.00
		I figurines; paintings, prints, or other artwork; books, pictures, or other art ons, memorabilia, collectibles	objects; stamp, coin	, or baseball card collections;
	. Describe			
Examp ■ No	musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes	and kayaks; carpentry tools;
	. Describe			
■ No		s, shotguns, ammunition, and related equipment		
□ No		othes, furs, leather coats, designer wear, shoes, accessories		
		Clothing		\$500.00
□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewel	iry, watches, gems, ç	gold, silver
		Jewelry: Co-debtor's wedding ring.		\$500.00
Exam □ No	arm animals oples: Dogs, cats, Describe	birds, horses		
		One (1) dog. No resale value.		\$0.00
No Yes.	. Give specific int	formation of all of your entries from Part 3, including any entries for pages you number here		\$3,720.00
	escribe Your Finar wn or have any l	egal or equitable interest in any of the following?		Current value of the
				portion you own? Do not deduct secured claims or exemptions.

Debtor 1 Debtor 2	David Paul Ryan Jean Marie Ryan			Case number (if k	nown) 18-20	366
☐ No	nples: Money you have in y	•	ne, in a safe deposit box, and on ha	and when you file you	r petition	
				Cash		\$14.27
Exam			unts; certificates of deposit; shares in with the same institution, list each.	n credit unions, broke	erage houses,	and other similar
□ No ■ Ves			Institution name:			
— 163.	17.1.	Checking	Balance in checking acc Credit Union, with memb #6521			\$74.00
	17.2.	Savings	Balance in Savings Acco Credit Union, with accou #6521			\$5.00
joint v □ No	venture . Give specific information		rated and unincorporated busines	sses, including an in % of ownership:		LLC, partnership, and
joint v □ No	venture . Give specific information Na Ry co Mi Ci pr \$1 mo	a about them	ingle real estate asset 8 West Pierce Street, in 53204. Based on the 2016 eal Property Tax Bill the mated fair market value of poration owes on a rstone Bank, SSB, secured ted at 1000-1018 West Pierce			
	pr da	incipal balance ow	/isconsin 53204. The red on this mortgage on the 92,261.31 (See attached	100%	%	\$0.00
	co Wi Mi ha	mpany. 8641 Wes isconsin 53204. Ba ilwaukee Real Prop is an estimated fai	ingle real estate asset t Capitol Drive, Milwaukee, ased on the 2016 City of perty Tax Bill the property r market value of ou subtract a 6.5% broker's			

	ebtor 1 ebtor 2	David Paul Ryan Jean Marie Ryan	Case number (if known)	18-20366
20.	Negotia	ment and corporate bonds and other negotiable ar ble instruments include personal checks, cashiers' ch gotiable instruments are those you cannot transfer to	ecks, promissory notes, and money orders.	
	☐ Yes. G	live specific information about them Issuer name:		
21.		ent or pension accounts es: Interests in IRA, ERISA, Keogh, 401(k), 403(b), th	rift savings accounts, or other pension or profit-sharing p	olans
	☐ Yes. L	ist each account separately. Type of account: In	stitution name:	
	Your sh Example	r deposits and prepayments are of all unused deposits you have made so that you es: Agreements with landlords, prepaid rent, public uti	may continue service or use from a company lities (electric, gas, water), telecommunications compani	es, or others
	■ No □ Yes	In	stitution name or individual:	
23.	Annuitie ■ No	es (A contract for a periodic payment of money to you,	, either for life or for a number of years)	
	■ No □ Yes	Issuer name and description.		
		in an education IRA, in an account in a qualified A. §§ 530(b)(1), 529A(b), and 529(b)(1).	ABLE program, or under a qualified state tuition pro	gram.
	Yes	Institution name and description. Separa	ately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts, o ■ No	equitable or future interests in property (other than	n anything listed in line 1), and rights or powers exer	cisable for your benefit
		Give specific information about them		
26.		copyrights, trademarks, trade secrets, and other es: Internet domain names, websites, proceeds from r		
		Give specific information about them		
		s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperative a	association holdings, liquor licenses, professional license	ss
	☐ Yes. (Give specific information about them		
М	oney or p	roperty owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu ■ No	ands owed to you		
	☐ Yes. G	sive specific information about them, including whethe	r you already filed the returns and the tax years	
	Family s Exampl ■ No		hild support, maintenance, divorce settlement, property	settlement
	☐ Yes. G	Rive specific information		
	Exampl	mounts someone owes you es: Unpaid wages, disability insurance payments, disa benefits; unpaid loans you made to someone else	ability benefits, sick pay, vacation pay, workers' compen	sation, Social Security
	■ No □ Yes. (Give specific information		

Debtor Debtor	•		Case number (if known)	18-20366
	•	nsurance; health savings account (HSA)	; credit, homeowner's, or renter's insurar	nce
	es. Name the insurance company	of each policy and list its value. ny name:	Beneficiary:	Surrender or refund value:
lf y soi ■ N	ou are the beneficiary of a living t neone has died.	e you from someone who has died trust, expect proceeds from a life insuran	ce policy, or are currently entitled to rece	eive property because
Ex	amples: Accidents, employment o	ner or not you have filed a lawsuit or n lisputes, insurance claims, or rights to su	nade a demand for payment ne	
		Personal Injury Case: David P. Mutual Insurance Company	Ryan -vs- American Family	Unknown
■ N □ Y	es. Give specific information	r entries from Part 4, including any en		\$21,056.12
Part 5:		operty You Own or Have an Interest In. Lis		
■ No	ou own or have any legal or equital . Go to Part 6. s. Go to line 38.	ole interest in any business-related propert	y?	
Part 6:	Describe Any Farm- and Commerce If you own or have an interest in farm	oial Fishing-Related Property You Own or H nland, list it in Part 1.	ave an Interest In.	
	you own or have any legal or e No. Go to Part 7. Yes. Go to line 47.	quitable interest in any farm- or comm	nercial fishing-related property?	
Part 7:	Describe All Property You Ow	n or Have an Interest in That You Did Not I	ist Above	
53. Do <i>Ex</i> ■ N	you have other property of any amples: Season tickets, country co	kind you did not already list? lub membership		
	es. Give specific information		ı	
54. A	dd the dollar value of all of you	r entries from Part 7. Write that number	er here	\$0.00

David Paul Ryan Jean Marie Ryan	Case number (if known)	18-20366

55.	Part 1: Total real estate, line 2				\$150.854.50
56.	Part 2: Total vehicles, line 5		\$5,305.00		Ψ100,004.00
57.	Part 3: Total personal and household items, line 15	-	\$3,720.00		
58.	Part 4: Total financial assets, line 36		\$21,056.12		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61		\$30,081.12	Copy personal property total	\$30,081.12
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$180,935.62

Fill in this inform	mation to identify your	case:		
Debtor 1	David Paul Ryan			7
	First Name	Middle Name	Last Name	
Debtor 2	Jean Marie Ryan			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT O	DF WISCONSIN	
	18-20366			
(if known)				☐ Check if this is an amended filing
Official Fo	rm 106C			

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Residential Real Estate located at: 11 U.S.C. § 522(d)(1) \$116,708.50 \$8.585.50 2821 North Lefeber Avenue Milwaukee, WI 53210-1143 100% of fair market value, up to Milwaukee County any applicable statutory limit Value of \$129,100,00 was obtained from the 2016 City of Milwaukee Real Property Tax Bill. When you subtract a 6.5% broker's fee and \$4,000.00 in closi Line from Schedule A/B: 1.1 Rental Property located at: 5811 11 U.S.C. § 522(d)(5) \$15,161.00 \$21,264.00 West Lisbon Avenue Milwaukee, WI 53210 Milwaukee County 100% of fair market value, up to any applicable statutory limit Value of \$24,023.00 was obtained from a Broker Price Opinion dated February 8, 2018. (See Exhibit #A). When you subtract a 6.5% broker's fee and \$1,200.00 in closing

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

Line from Schedule A/B: 1.2

Debtor 1 Devid Paul Ryan Case number (if known) 18-20366

tor 2 Jean Marie Ryan			Case number (if known)	10-20300
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Rental Property located at: 5834-36 West Lisbon Avenue Milwaukee, WI	\$12,882.00		\$4,012.00	11 U.S.C. § 522(d)(5)
53210 Milwaukee County The value of \$14,579.00 is based on a Broker Price Opinion dated February 8, 2019. (See attached Exhibit #B).When you subtract a 6.5% broker's fee and \$700.00 in Line from Schedule A/B: 1.3			100% of fair market value, up to any applicable statutory limit	
1991 Isuzu Rodeo LS 140,000 miles In poor condition.	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
1988 Ford F250 220,000 miles In poor condition.	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
1984 Chevrolet G20 Van 150,000 miles	\$55.00		\$55.00	11 U.S.C. § 522(d)(5)
In poor condition Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit	
			any applicable statutory limit	
1990 Ford Cargo Van E350 Econoline Super 1 Ton 80000 miles	\$50.00	=	\$50.00	11 U.S.C. § 522(d)(5)
In poor condition Line from Schedule A/B: 3.4			100% of fair market value, up to any applicable statutory limit	
1981 Cadillac Fleetwood 150000 miles	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)
In poor condition Line from Schedule A/B: 3.5			100% of fair market value, up to any applicable statutory limit	
1924 Dodge Standard 100,000 miles	\$4,000.00		\$3,775.00	11 U.S.C. § 522(d)(2)
Line from Schedule A/B: 3.6			100% of fair market value, up to any applicable statutory limit	
1924 Dodge Standard 100,000 miles In fair condition	\$4,000.00		\$225.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 3.6			100% of fair market value, up to any applicable statutory limit	
1989 Ford E350 Van 310,000 miles In poor condition	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 3.7			100% of fair market value, up to any applicable statutory limit	
1971 Chevrolet C60 Box Truck 150000 miles	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(2)
In poor condition Line from Schedule A/B: 3.8			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Page 13 of 61

David Paul Ryan Debtor 1 18-20366 Jean Marie Ryan Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Household Goods and Furnishings: 3 11 U.S.C. § 522(d)(3)

\$2,100.00 \$2,100.00 Beds, Desk, 3 End Tables, 4 Lamps, 2 П Living Room Chairs, Sofa, 100% of fair market value, up to Microwave, Stove, Refrigerator, any applicable statutory limit Grill, 4 Dressers, 2 Night Stands,

Washer, Dryer, Vacuum, Dishwasher, Dishes, Pots, Pans and flatware Line from Schedule A/B: 6.1 Electronics: 2 Cell Phones, 11 U.S.C. § 522(d)(3) \$620.00 \$620.00 Computer, Printer, 2 Stereos, Television, VCR, and DVD Player 100% of fair market value, up to Line from Schedule A/B: 7.1 any applicable statutory limit Clothing 11 U.S.C. § 522(d)(3) \$500.00 \$500.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Jewelry: Co-debtor's wedding ring. 11 U.S.C. § 522(d)(4) \$500.00 \$500.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit One (1) dog. No resale value. 11 U.S.C. § 522(d)(5) \$0.00 \$0.00 Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit Cash 11 U.S.C. § 522(d)(5) \$14.27 \$14.27 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking: Balance in checking 11 U.S.C. § 522(d)(5) \$74.00 \$74.00 account at Educator's Credit Union, with member number ending #6521 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit 11 U.S.C. § 522(d)(5) Savings: Balance in Savings Account \$5.00 \$5.00 at Educator's Credit Union, with account number ending #6521 100% of fair market value, up to Line from Schedule A/B: 17.2 any applicable statutory limit Ryan 1000, LLC, A single real estate 11 U.S.C. § 522(d)(5) \$0.00 \$0.00 asset company. 1000 - 1018 West Pierce Street, Milwaukee, Wisconsin 100% of fair market value, up to 53204. Based on the 2016 City of any applicable statutory limit Milwaukee Real Property Tax Bill the property has an estimated fair market value of \$180,700.00. The corporation

Official Form 106C

Line from Schedule A/B: 19.1

	otor 2 Jean Marie Ryan			Case number (if known)	18-20366		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		t of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Check c	only one box for each exemption.			
	Ryan 8641, LLC, A single real estate asset company. 8641 West Capitol Drive, Milwaukee, Wisconsin 53204. Based on the 2016 City of Milwaukee Real Property Tax Bill the property has an estimated fair market value of \$164,700.00. When you subtract a 6.5% bro Line from Schedule A/B: 19.2	\$20,962.85		\$6,403.73 20% of fair market value, up to many applicable statutory limit	11 U.S.C. § 522(d)(5)		
	Personal Injury Case: David P. Ryan -vs- American Family Mutual	Unknown		\$47,350.00	11 U.S.C. § 522(d)(11)(D)		
	Insurance Company Line from Schedule A/B: 33.1			00% of fair market value, up to applicable statutory limit			
3.	 Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No No Ves 						

Page 15 of 61

Fill in this informa	tion to identify you	r case:			
Debtor 1	David Paul Ryan				
Debtor 2	First Name	Middle Name Last Name	1		
(Spouse if, filing)	Jean Marie Ryar First Name	Middle Name Last Name	,		
United States Bankı	ruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN			
Case number (if known)	-20366				if this is an ed filing
Official Form	106D				
		Who Have Claims Secui	ed by Property	/	12/15
		f two married people are filing together, both ar ut, number the entries, and attach it to this form			
1. Do any creditors ha	ve claims secured by	your property?			
☐ No. Check th	is box and submit th	is form to the court with your other schedule	s. You have nothing else to	report on this form.	
Yes. Fill in al	l of the information b	pelow.			
Part 1: List All S	Secured Claims		Column A	Column B	Column C
for each claim. If more	than one creditor has	nore than one secured claim, list the creditor separa a particular claim, list the other creditors in Part 2. al order according to the creditor's name.	ately	Value of collateral that supports this claim	Unsecured portion
2.1 City of Milw	aukee	Describe the property that secures the claim:	\$6,103.00	\$21,264.00	\$0.00
Office of the Treasurer City Hall - R	oom 103	Rental Property located at: 5811 West Lisbon Avenue Milwaukee, WI 53210 Milwaukee County Value of \$24,023.00 was obtained from a Broker Price Opinion dated February 8, 2018. (See Exhibit #A). When you subtract a 6.5% broker's fee and \$1,2 As of the date you file, the claim is: Check all tha			
200 East We Milwaukee,		apply. Contingent	•		
Number, Street, Ci	ty, State & Zip Code	Unliquidated			
Who owes the debt	? Check one.	Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		☐ An agreement you made (such as mortgage o car loan)	r secured		
■ Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	n)		
$\ \square$ At least one of the	debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim community debt	n relates to a	Other (including a right to offset) Real Es	tate Tax Arrearage		
Date debt was incurr	ed	Last 4 digits of account number 000	09		
2.2 Educators (Prodit Union	Describe the property that secures the claim:	\$108,123.00	\$116,708.50	\$0.00
Creditor's Name	Jiedit Omon	Residential Real Estate located at:	\$100,123.00	\$110,708.30	φυ.υυ
		2821 North Lefeber Avenue Milwaukee, WI 53210-1143 Milwaukee County Value of \$129,100.00 was obtained from the 2016 City of Milwaukee Real Property Tax Bill. When you			
Attn: Bankr PO Box 081 Racine, WI	40	subtract a 6.5% broker's fee and \$4 As of the date you file, the claim is: Check all tha apply. ☐ Contingent	L.		
	ty, State & Zip Code	☐ Unliquidated ☐ Disputed			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 _David Paul Ry	an			Case number (if know)	18-20366	
First Name	Middle Name	Last Name				
Debtor 2 Jean Marie Ry First Name	Middle Name	Last Name				
Who owes the debt? Check		en. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agree car loan)	ment you made (such as me	ortgage or se	cured		
■ Debtor 2 only Debtor 1 and Debtor 2 only	<u>_</u>	lien (such as tax lien, mech	anic's lien)			
☐ At least one of the debtors a	•	t lien from a lawsuit	ariio o iiorij			
■ Check if this claim relates	□ a	cluding a right to offset)				
community debt		, _				
02/ Act	ened 06 Last iive 13/17 Last	4 digits of account numbe	er 0002			
O.O. Weterstone Benk (CD Deceribe the	e property that secures th	- alaim.	¢ο ο 7 ο οο	#10 000 00	#0.00
2.3 Waterstone Bank S		operty located at: 58		\$8,870.00	\$12,882.00	\$0.00
		oon Avenue Milwauk				
		Iwaukee County	,			
		of \$14,579.00 is bas				
		Price Opinion dated 8, 2019. (See attach				
		3).When you subtract				
	6.5% brok					
11200 West Plank	Court As of the da	te you file, the claim is: Cl	neck all that			
Wauwatosa, WI 53	226	nt				
Number, Street, City, State &		ted				
Who owes the debt? Check of	Disputed	en. Check all that apply.				
Debtor 1 only	_	ment you made (such as m	ortanan or co	ourod		
Debtor 2 only	car loan)		origage or se	cureu		
■ Debtor 1 and Debtor 2 only	☐ Statutory	lien (such as tax lien, mech	anic's lien)			
At least one of the debtors a	nd another \Box Judgmen	t lien from a lawsuit				
■ Check if this claim relates community debt	to a Other (inc	cluding a right to offset)	Mortgage			
01/ Act	ened 97 Last tive 01/17 Last	4 digits of account numbe	_{er} 0130			
Add the dollar value of your	entries in Column A on th	nis page. Write that number	er here:	\$123,096.0	00	
If this is the last page of you	ır form, add the dollar valı	ue totals from all pages.		\$123,096.0		
Write that number here:				4120,000		
Part 2: List Others to Be	Notified for a Debt Tha	t You Already Listed				
Use this page only if you have trying to collect from you for than one creditor for any of the debts in Part 1, do not fill out	a debt you owe to someor he debts that you listed in	ne else, list the creditor in	Part 1, and t	hen list the collection agen	cy here. Similarly, if you l	have more
Name, Number, Street, 0	City, State & Zip Code		∩n whi	ch line in Part 1 did you enter	r the creditor? 2.1	
City of Milwaukee			On Will	on mio in rant i dia you enter	and disdition.	
Attorney Grant La 200 E. Wells Stree Milwaukee, WI 532	t		Last 4	digits of account number		

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this in	nformation to identify your o	case:					
Debtor 1	David Paul Ryan First Name	Middle Name	Last Name				
Debtor 2	Jean Marie Ryan	Middle Name	Last Name				
(Spouse if, filing)		Middle Name	Last Name				
United States	s Bankruptcy Court for the:	EASTERN DISTR	ICT OF WISCONSIN				
Case numbe	er 18-20366					Check if this is	e an
,						amended filing	
Schedule Be as complete any executory Schedule G: E Schedule D: C	contracts or unexpired leases xecutory Contracts and Unexpi reditors Who Have Claims Secu	e Part 1 for creditors that could result in a ired Leases (Official I ured by Property. If m	with PRIORITY claims and Part 2 fo claim. Also list executory contract Form 106G). Do not include any cre lore space is needed, copy the Par	ts on Schedule A/B: Feditors with partially s t you need, fill it out,	Property (Offi secured clain number the e	aims. List the o cial Form 106A ns that are liste entries in the bo	/B) and on d in exes on the
	Continuation Page to this page number (if known).	e. If you have no info	rmation to report in a Part, do not t	ile that Part. On the t	op of any add	ditional pages,	write your
	st All of Your PRIORITY Un						
_ ′	editors have priority unsecured	d claims against you	?				
	to Part 2.						
Yes.							
identify wh possible, I	nat type of claim it is. If a claim ha	s both priority and non r according to the crec	e than one priority unsecured claim, li priority amounts, list that claim here a litor's name. If you have more than tw ther creditors in Part 3.	nd show both priority a	and nonpriority	amounts. As m	uch as
(For an ex	xplanation of each type of claim, s	ee the instructions for	this form in the instruction booklet.)		.		
				Total claim	Priority amount	Nonpr amoui	
	rnal Revenue Service	Last 4 di	igits of account number	\$0.00		\$0.00	\$0.0
Cen	ty Creditor's Name Itralized Insolvency Unit Box 21126	When wa	as the debt incurred?		-		
Phil	adelphia, PA 19114						
	per Street City State Zlp Code	As of the	e date you file, the claim is: Check a	all that apply			
_	eurred the debt? Check one.	☐ Conti	·				
☐ Debte	,	☐ Unliq					
Debto	·	☐ Dispu					
	or 1 and Debtor 2 only		PRIORITY unsecured claim:				
☐ At lea	ast one of the debtors and anothe	•	estic support obligations				
■ Chec	ck if this claim is for a commun	,	s and certain other debts you owe the				
Is the cla	aim subject to offset?		ns for death or personal injury while yo				
■ No		☐ Other	. Specify				
П v							

Best Case Bankruptcy

Wisconsin Department of Revenue	Last 4 digits of account number	\$0.00	\$0.0	00
Priority Creditor's Name 819 North 6th Street Suite 408	When was the debt incurred?			
Milwaukee, WI 53203 Number Street City State Zlp Code	As of the date you file, the claim is:	Check all that apply		
Vho incurred the debt? Check one.	☐ Contingent	one of the control of		
☐ Debtor 1 only	☐ Unliquidated			
Debtor 2 only	☐ Disputed			
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ Beblot 1 and Beblot 2 only ☐ At least one of the debtors and another	☐ Domestic support obligations			
_	■ Taxes and certain other debts you	owe the government		
Check if this claim is for a community debt	☐ Claims for death or personal injury	=		
s the claim subject to offset? No	, , , ,	•		
■ No ☑ Yes	Other. Specify			
No. You have nothing to report in this part. Submit Yes.	this form to the court with your other sche		or has more than o	ne nonpriority
No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the isecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	this form to the court with your other sche alphabetical order of the creditor who laim. For each claim listed, identify what t	holds each claim. If a credito ype of claim it is. Do not list cla	ims already includ	ed in Part 1. If m
o any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the necured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.	this form to the court with your other sche alphabetical order of the creditor who laim. For each claim listed, identify what t	holds each claim. If a credito ype of claim it is. Do not list cla	ims already includations fill out the Co	ed in Part 1. If m
No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	this form to the court with your other sche alphabetical order of the creditor who laim. For each claim listed, identify what t	holds each claim. If a credito ype of claim it is. Do not list cla	ims already includations fill out the Co	ed in Part 1. If months
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other rt 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566	this form to the court with your other sche alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3.If you have more than	holds each claim. If a credite type of claim it is. Do not list clath three nonpriority unsecured cl	ims already includations fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other at 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road	this form to the court with your other schells alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3.lf you have more than the Last 4 digits of account number	pholds each claim. If a credit ype of claim it is. Do not list cla three nonpriority unsecured cl	ims already includ aims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other rt 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566	this form to the court with your other schells alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3.lf you have more than the Last 4 digits of account number	p holds each claim. If a credite type of claim it is. Do not list clathree nonpriority unsecured classes. 3269 Opened 03/17	ims already includ aims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other at 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road Manitowoc, WI 54221	this form to the court with your other schells alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3.lf you have more than Last 4 digits of account number. When was the debt incurred?	p holds each claim. If a credite type of claim it is. Do not list clathree nonpriority unsecured classes. 3269 Opened 03/17	ims already includ aims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other and the control of the con	this form to the court with your other schells alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3.lf you have more than Last 4 digits of account number. When was the debt incurred?	p holds each claim. If a credite type of claim it is. Do not list clathree nonpriority unsecured classes 3269 Opened 03/17	ims already includ aims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other rt 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one.	this form to the court with your other schells alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3.If you have more than Last 4 digits of account number. When was the debt incurred? As of the date you file, the claim is	p holds each claim. If a credite type of claim it is. Do not list clathree nonpriority unsecured classes 3269 Opened 03/17	ims already includ aims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other rt 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one.	this form to the court with your other schelling alphabetical order of the creditor who laim. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent	p holds each claim. If a credite type of claim it is. Do not list clathree nonpriority unsecured classes 3269 Opened 03/17	ims already includ aims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other t2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	this form to the court with your other schell alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3.lf you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated	holds each claim. If a credity ype of claim it is. Do not list cla three nonpriority unsecured cl 3269 Opened 03/17 s: Check all that apply	ims already includ aims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. In all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other rt 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	this form to the court with your other sche alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3.lf you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed	holds each claim. If a credity ype of claim it is. Do not list cla three nonpriority unsecured cl 3269 Opened 03/17 s: Check all that apply	ims already includ aims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other rt 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other schells form to the court with your other schells form to the creditor who laim. For each claim listed, identify what it creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separate	holds each claim. If a creditorype of claim it is. Do not list clathree nonpriority unsecured classes. 3269 Opened 03/17 s: Check all that apply	ims already includaims fill out the Co	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other rt 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	this form to the court with your other schelling form to the court with your other schelling. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number. Last 4 digits of account number. When was the debt incurred? As of the date you file, the claim is Contingent. Unliquidated. Disputed. Type of NONPRIORITY unsecured. Student loans. Obligations arising out of a separeport as priority claims.	holds each claim. If a creditorype of claim it is. Do not list clathree nonpriority unsecured	at you did not	led in Part 1. If months in Page of the control of
No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the isecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2. Americollect Inc Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other schell alphabetical order of the creditor who laim. For each claim listed, identify what to creditors in Part 3. If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim in Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharing	holds each claim. If a creditorype of claim it is. Do not list clathree nonpriority unsecured	at you did not	led in Part 1. If months in Page of the control of

Schedule E/F: Creditors Who Have Unsecured Claims

Page 19 of 61

Debto Debto	r 1 David Paul Ryan r 2 Jean Marie Ryan		Case number (if know) 18-20366	3
4.2	Americollect Inc	Last 4 digits of account number	0065	\$78.00
	Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road	When was the debt incurred?	Opened 05/17	_
	Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did no	ot
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
		_ Collecting	for Froedtert Memorial Lutherar	1
	Yes	Other. Specify Hospital		
4.3	Americollect Inc	Last 4 digits of account number	0512	\$78.00
	Nonpriority Creditor's Name PO Box 1566 1851 South Alverno Road	When was the debt incurred?	Opened 06/17	
	Manitowoc, WI 54221 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	tration agreement or divorce that you did no	ot
	■ No	Debts to pension or profit-sharing		
	☐ Yes	■ Other. Specify Ho	for Froedtert Memorial Lutherar	1 —
4.4	City of Milwaukee Nonpriority Creditor's Name	Last 4 digits of account number	1293	\$510.00
	200 East Wells Street Milwaukee, WI 53202	When was the debt incurred?	12/06/2017	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community debt		ration agreement or divorce that you did no	ot
	Is the claim subject to offset?	report as priority claims	and an and alternate 900 to 100	
	■ No	Debts to pension or profit-sharin	= '	
	□ Yes	Other. Specify Money Jud	gment	_

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 19

Debtor Debtor	David Paul Ryan Jean Marie Ryan		Case number (if know) 18-20366	
4.5	City of Milwaukee	Last 4 digits of account number	3249	\$6,064.23
	Nonpriority Creditor's Name 200 E. Wells Street Milwaukee, WI 53202	When was the debt incurred?	5/3/2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify Money Jud		
4.6	City of Milwaukee	Last 4 digits of account number	7640	\$1,118.60
	Nonpriority Creditor's Name 200 East Wells Street Milwaukee, WI 53202	When was the debt incurred?	3/24/2014	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Money Jud	gment	
4.7	Discover Bank	Last 4 digits of account number	0399	\$0.00
	Nonpriority Creditor's Name P.O. Box 30943 Salt Lake City, UT 84130	When was the debt incurred?	12/20/2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	g	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Money Jud	gment	
		• • -		

Schedule E/F: Creditors Who Have Unsecured Claims

	1 David Paul Ryan 2 Jean Marie Ryan		Case number (if know) 18-20366	
4.8	Discover Bank	Last 4 digits of account number	3709	\$0.00
	Nonpriority Creditor's Name P.O. Box 30943 Solt Loke City UT 24120	When was the debt incurred?	7/28/2017	,,,,,,
	Salt Lake City, UT 84130 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Money Jud	ament	
		= Other. opening		
4.9	Discover Bank Nonpriority Creditor's Name	Last 4 digits of account number	6518	\$6,972.61
	c/o DB Servicing Corporation	When was the debt incurred?	2/21/2013	
	P.O. Box 3025 New Albany, OH 43054 Number Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Check all that apply	
	☐ Debtor 1 only			
	Debtor 2 only	☐ Contingent		
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d alaim.	
	_	Student loans	a Claim.	
	Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	tration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Money Jud	gment	
4.1	Educators Credit Union	Last 4 digits of account number	0700	\$4,998.00
	Nonpriority Creditor's Name	_		
	Attn: Bankruptcy PO Box 08140	When was the debt incurred?	Opened 10/93	
	Racine, WI 53408 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,	,	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	_	uration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	■ Other. Specify Credit Card		
	— 163	Other. Specify	<u> </u>	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 19

	1 David Paul Ryan 2 Jean Marie Ryan		Case number (if know) 18-2	0366
4.1	Educators Credit Union	Last 4 digits of account number	0003	\$2,175.00
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 08140 Racine, WI 53408	When was the debt incurred?	Opened 06/16 Last Active 11/13/17	e
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	_	☐ Student loans	d Claim.	
	Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you	did not
	No	report as priority claims Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	Other. Specify Unsecured		
4.1	Educators Credit Union	Last 4 digits of account number	0001	\$485.00
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 07/97	
	PO Box 08140 Racine, WI 53408			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you	did not
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	• •	
	Yes	Other. Specify Check Cree	dit Or Line Of Credit	
4.1	Garden Home Owners Association Inc.	Last 4 digits of account number	5889	\$10,972.00
	Nonpriority Creditor's Name c/o Kelly Robbins 131 East Washington Street	When was the debt incurred?	2013	
	West Bend, WI 53095			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you	did not

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 19

■ Other. Specify Money Judgment

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debto	or 1 David Paul Ryan or 2 Jean Marie Ryan		Case number (if know) 18-20366	
4.1	Optimum Outcomes, Inc	Last 4 digits of account number	8162	\$534.00
	Nonpriority Creditor's Name 2651 Warrenville Rd Ste 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 03/17	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify	for Medical College Of -	
4.1 5	Optimum Outcomes, Inc	Last 4 digits of account number	1935	\$104.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 07/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Collecting Wisconsin	for Medical College Of 	
4.1 6	Optimum Outcomes, Inc	Last 4 digits of account number	0296	\$104.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 8/28/16	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Collecting Wisconsin	for Medical College Of -	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 19

2 Jean Marie Ryan		Case number (if know) 18-20366	
Optimum Outcomes, Inc	Last 4 digits of account number	0651	\$
Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 08/15	
Downers Grove, IL 60515 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	no or ano date you me, and elamin	or chook an that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes		for Medical College Of	
	Wisconsin		
Optimum Outcomes, Inc	Last 4 digits of account number	0297	\$
Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 8/28/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	\square Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	■ Other. Specify Wisconsin	for Medical College Of -	
Optimum Outcomes, Inc	Last 4 digits of account number	5120	\$
Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 03/17	•
Downers Grove, IL 60515	As of the date were file the state of		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s. Grieck all that apply	
Debtor 1 only	П о		
■ Debtor 2 only	☐ Contingent		
_ ′	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	Student loans	u Olumii.	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other Specify Wisconsin -

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Collecting for Medical College Of

Page 25 of 61

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Page 8 of 19

Is the claim subject to offset?

Debto Debto	or 1 David Paul Ryan Or 2 Jean Marie Ryan		Case number (if know) 18-20366	
4.2)	Optimum Outcomes, Inc	Last 4 digits of account number	1933	\$49.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 07/17	
	Downers Grove, IL 60515 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	\square Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collecting Wisconsin	for Medical College Of -	
4.2	Ontimum Outcomes Inc		0650	¢40.00
1	Optimum Outcomes, Inc Nonpriority Creditor's Name	Last 4 digits of account number		\$42.00
	2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 08/15	
	Downers Grove, IL 60515 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	□Yes	Other. Specify Wisconsin	for Medical College Of 	
4.2	Optimum Outcomes, Inc	Last 4 digits of account number	5122	\$40.00
	Nonpriority Creditor's Name		0	
	2651 Warrenville Road, Suite 500 Downers Grove, IL 60515 Number Street City State Zlp Code	When was the debt incurred?	Opened 03/17	
	Who incurred the debt? Check one.	As of the date you file, the claim	S. Oneon all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt	<u> </u>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	5	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 19

Other. Specify Wisconsin -

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Collecting for Medical College Of

2 Jean Marie Ryan		Case number (if know) 18-20366	
Optimum Outcomes, Inc	Last 4 digits of account number	1934	\$
Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 07/17	
Downers Grove, IL 60515 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	,		
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes		for Medical College Of	
Optimum Outcomes, Inc	Last 4 digits of account number	4152	\$
Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 02/17	
Downers Grove, IL 60515		in Observation	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	ів: Спеск ан тат арргу	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only			
	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	Student loans	a ciami.	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-sharing		
□ Yes	■ Other. Specify Wisconsin	for Medical College Of -	
Optimum Outcomes, Inc	Last 4 digits of account number	0649	\$
Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 03/15	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other Specify Wisconsin -

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Collecting for Medical College Of

Page 10 of 19

Debtor Debtor	David Paul Ryan Jean Marie Ryan		Case number (if know)	18-20366	
4.2 6	Optimum Outcomes, Inc	Last 4 digits of account number	5118		\$28.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 03/17		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	_			
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce th	nat you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	ts	
	☐ Yes	Other. Specify Collecting -	forMedical College Of	Wisconsin	
4.2	Optimum Outcomes, Inc	Last 4 digits of account number	0652		\$26.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 08/15		
	Downers Grove, IL 60515 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	Пол			
	_	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed	d alaim.		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	u ciaim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce th	nat you did not	
	No	Debts to pension or profit-sharir	a plane, and other similar deb	to	
	■ No	·	for Medical College Of		
	Li Tes	— Other. Specify Wisconsin			
4.2	Optimum Outcomes, Inc Nonpriority Creditor's Name	Last 4 digits of account number	8474		\$23.00
	2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 04/15		
•	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce th	nat you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other Specify Wisconsin -

Page 11 of 19

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Collecting for Medical College Of

Debto	or 1 David Paul Ryan or 2 Jean Marie Ryan		Case number (if know) 18-20366	
4.2	Optimum Outcomes, Inc	Last 4 digits of account number	0653	\$21.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 12/15	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Collecting Wisconsin	for Medical College Of -	
4.3 0	Optimum Outcomes, Inc	Last 4 digits of account number	0654	\$21.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 12/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Collecting Wisconsin	for Medical College Of	
4.3	Optimum Outcomes, Inc	Last 4 digits of account number	0648	\$20.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 03/15	
	Downers Grove, IL 60515 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	• ,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	□Yes	■ Other. Specify	for Medical College Of -	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 12 of 19

Page 29 of 61

Debtor Debtor	1 David Paul Ryan 2 Jean Marie Ryan		Case number (if know)	8-20366
4.3	Optimum Outcomes, Inc	Last 4 digits of account number	1599	\$20.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 03/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that	t you did not
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	☐ Yes		for Medical College Of	
4.3	Optimum Outcomes, Inc	Last 4 digits of account number	0656	\$20.00
	Nonpriority Creditor's Name		0	
	2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 10/14	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	ration agreement or divorce that	t you did not
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify	for Medical College Of -	
4.3	Optimum Outcomes, Inc	Last 4 digits of account number	3979	\$17.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 04/15	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that	t you did not

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collecting for Medical College Of Wisconsin -

Page 13 of 19

Debtor Debtor	r 1 David Paul Ryan r 2 Jean Marie Ryan		Case number (if know) 18-203	66
4.3 5	Optimum Outcomes, Inc	Last 4 digits of account number	8473	\$15.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 04/15	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	and the state of t	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	_	'		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	d Claim.	
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	 Obligations arising out of a separement as priority claims 	ration agreement or divorce that you did	not
	■ No	Debts to pension or profit-sharir	or plans, and other similar debts	
	— No			
	Yes	Other. Specify Wisconsin	for Medical College Of -	
4.3	Optimum Outcomes, Inc	Last 4 digits of account number	8472	\$14.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500 Downers Grove, IL 60515	When was the debt incurred?	Opened 04/15	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
		Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans	2 0.4	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did	not
	Is the claim subject to offset?	report as priority claims	tration agreement or divorce that you did	TIOL
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	_ 140	·	for Medical College Of	
	□ Yes	Other. Specify Wisconsin	-	
4.3	Optimum Outcomes, Inc	Last 4 digits of account number	0655	\$11.00
	Nonpriority Creditor's Name 2651 Warrenville Road, Suite 500	When was the debt incurred?	Opened 10/14	
	Downers Grove, IL 60515 Number Street City State Zlp Code	As of the date you file, the claim	Object all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан тлат арргу	
	Debtor 1 only	П		
		☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	A status	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did	not
	No	Debts to pension or profit-sharing	g plans, and other similar debts	

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Page 14 of 19

Other. Specify Wisconsin -

Collecting for Medical College Of

	or 1 David Paul Ryan or 2 Jean Marie Ryan		Case number (if know) 18-20366	
4.3 8	Professioal Placement Services, LLC	Last 4 digits of account number	6696	\$198.00
	Nonpriority Creditor's Name PO Box 612 Milwaukee, WI 53201	When was the debt incurred?	Opened 10/16	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collecting	for Aurora Health Care Metro Inc	
4.3 9	Rev-1 Solutions, LLC Nonpriority Creditor's Name	Last 4 digits of account number	2988	\$100.00
	517 US Highway 31 N Greenwood, IN 46142	When was the debt incurred?	Opened 01/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collecting	for Columbia St. Mary S	
4.4 0	Rev-1 Solutions, LLLC	Last 4 digits of account number	0982	\$113.00
	Nonpriority Creditor's Name 517 US Highway 31 N	When was the debt incurred?	Opened 06/16	
	Greenwood, IN 46142 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	,		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collecting	for Columbia St. Mary S	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 15 of 19

² Jean Marie Ryan		Case number (if know) 18-20366	
Revenue Enterprises LLC	Last 4 digits of account number	7582	\$203.0
Nonpriority Creditor's Name P.O. Box 441368 Aurora, CO 80044	When was the debt incurred?	Opened 08/17	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other. Specify Collecting	for Advanced Pain Management	
Revenue Enterprises LLC	Last 4 digits of account number	7357	\$160.0
Nonpriority Creditor's Name P.O. Box 441368 Aurora, CO 80044	When was the debt incurred?	Opened 08/17	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Collecting	for Advanced Pain Management	
Waterstone Bank	Last 4 digits of account number	1143	\$1,100.0
Nonpriority Creditor's Name	_		
11200 West Plank Court Wauwatosa, WI 53226	When was the debt incurred?	Opened 1/19/98 Last Active 11/15/12	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
■ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	ng plans, and other similar debts	

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Real Estate Specific

Page 16 of 19

Debtor Debtor	1 David Paul Ryan 2 Jean Marie Ryan		Case number (if know) 18-20366			
4.4	WE Energies	Last 4 digits of account number	4577	\$3,615.00		
4	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2046 Rm A130 Milwaukee, WI 53201	When was the debt incurred?	Opened 12/07/01 Last Active 05/16			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one. ☐ Debtor 1 only	_				
	Debtor 2 only	Contingent				
	_	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed	ad adaptive			
	At least one of the debtors and another	Type of NONPRIORITY unsecure Student loans	ed claim:			
	■ Check if this claim is for a community debt Is the claim subject to offset?		paration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other Specify Delinquen	• •			
is tryin have r notified Name ar Advan Pain C PO Bo	is page only if you have others to be notified ng to collect from you for a debt you owe to some than one creditor for any of the debts the for any debts in Parts 1 or 2, do not fill out and Address acced Pain Management Centers of WI / Franklin LLC ox 210620 ukee, WI 53221-2059	someone else, list the original creditor hat you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you have a submit this page.	n Parts 1 or 2, then list the collection agen ditional creditors here. If you do not have a	cy here. Similarly, if you dditional persons to be		
Name a	nd Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?			
	a Health Care Metro Inc.		\square Part 1: Creditors with Priority Unsecured Cl	aims		
	x 343910	I	Part 2: Creditors with Nonpriority Unsecure	d Claims		
Milwa	ukee, WI 53234	Last 4 digits of account number				
City of Attorn 200 Ea	nd Address f Milwaukee ey Grant Langley ast Wells Street		u list the original creditor? Part 1: Creditors with Priority Unsecured Cl Part 2: Creditors with Nonpriority Unsecure			
wiiwa	ukee, WI 53202	Last 4 digits of account number				
City of c/o Ko 735 No	nd Address f Milwaukee hn Law Firm, SC orth Water Street, Suite #1300 ukee, WI 53202	1	u list the original creditor? Part 1: Creditors with Priority Unsecured Cl Part 2: Creditors with Nonpriority Unsecure			
	•	Last 4 digits of account number				

Name and Address
City of Milwaukee
c/o Kohn Law Firm
735 N. Water Street
Suite1300

Milwaukee, WI 53202-4103

On which entry in Part 1 or Part 2 did you list the original creditor?

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Columbia- St. Mary's

Attn: Patient Accounts

PO Box 2014

Line 4.40 of (Check one):

□ Part 1: Creditors with Priority Unsecured Claims

□ Part 2: Creditors with Nonpriority Unsecured Claims

Milwaukee, WI 53201

Last 4 digits of account number

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

Page 17 of 19

Debtor 1 David Paul Ryan Debtor 2 Jean Marie Ryan		Case number (if know) 18-20366
Name and Address Discover c/o Kohn Law Firm 735 N. Water Street Suite 1300 Milwaukee, WI 53202-4100	On which entry in Part 1 or Part 2 did y Line 4.8 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Discover Bank 6500 New Albany Road Plymouth, WI 53073	On which entry in Part 1 or Part 2 did y Line 4.7 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Discover Bank c/o Attorney Jason D. Hermersmann Kohn Law Firm 735 North Water Street, Suite #1300 Milwaukee, WI 53202-4106	On which entry in Part 1 or Part 2 did y Line 4.7 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Discover Bank c/o DB Servicing Corporation P.O. Box 3025 New Albany, OH 43054	On which entry in Part 1 or Part 2 did y Line 4.8 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Discover Bank c/o Kohn Law Firm 735 N. Water Street Suite 1300 Milwaukee, WI 53202-4100	On which entry in Part 1 or Part 2 did y Line 4.9 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Froedtert Memorial Lutheran Hospital 9200 W. Wisconsin Avenue Milwaukee, WI 53226	On which entry in Part 1 or Part 2 did y Line 4.1 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Garden Home Owners Association Inc. c/o Patricia A. Schober 405 North Calhoun Road Suite #103 Brookfield, WI 53005	On which entry in Part 1 or Part 2 did y Line 4.13 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Internal Revenue Service Department of the Treasury Kansas City, MO 64999-0030	On which entry in Part 1 or Part 2 did y Line 2.1 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Internal Revenue Service 211 West Wisconsin Avenue Milwaukee, WI 53203	On which entry in Part 1 or Part 2 did y Line 2.1 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?

Schedule E/F: Creditors Who Have Unsecured Claims

Line **4.14** of (*Check one*):

Page 18 of 19

☐ Part 1: Creditors with Priority Unsecured Claims

Medical College of Wisconsin

Debtor 1 David Paul Ryan Debtor 2 Jean Marie Ryan		Case number (if know)	18-20366 priority Unsecured Claims	
9200 West Wisconsin Avenue Milwaukee, WI 53226		■ Part 2: Creditors with Nonp		
	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?		
Wisconsin Department of Revenue	Line 2.2 of (Check one):	Part 1: Creditors with Prior	ity Unsecured Claims	
2135 Rimrock Road PO Box 8901		☐ Part 2: Creditors with Nonp	priority Unsecured Claims	
Madison, WI 53708				
,	Last 4 digits of account number			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				-	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	40,788.44
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	40,788.44

Debtor 1	David Paul Rya	n		
	First Name	Middle Name	Last Name	
Debtor 2	Jean Marie Rya	n		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the	: EASTERN DISTRICT C	DF WISCONSIN	
Case number	18-20366			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Melissa Goldbach 5811 West Lisbon Avenue Milwaukee, WI 53210	This is a month to month lease of residential real estate. Debtors are assuming the lease
2.2	Ryan 1000, LLC 5836 West Lisbon Avenue Milwaukee, WI	This is a month to month lease of residential real estate. Debtors are assuming the lease
2.3	Ryan 8641, LLC 5834 West Lisbon Avenue Milwaukee, WI	This is a month to month lease of residential real estate. Debtors are assuming the lease

Fill in this infor	mation to identify your case:		
Debtor 1	David Paul Ryan		
Dobtor 2	First Name Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Jean Marie Ryan First Name Middle Name	Last Name	
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF	WISCONSIN	
Case number	18-20366		
(if known)	10-20300		☐ Check if this is an amended filing
	orm 106H		
<u>Schedule</u>	H: Your Codebtors		12/15
■ No □ Yes 2. Within th Arizona, Ca □ No. Go to ■ Yes. Did	your spouse, former spouse, or legal equivalent live v	perty state or territory to Rico, Texas, Washin	? (Community property states and territories include
□ No ■ Ye			
	In which community state or territory did you live?	Wisconsin	. Fill in the name and current address of that person.
-	Name of your spouse, former spouse, or legal equivalent Number, Street, City, State & Zip Code		
in line 2 ag Form 106D out Colum Colum	1, list all of your codebtors. Do not include your s ain as a codebtor only if that person is a guaranto), Schedule E/F (Official Form 106E/F), or Scheduln 2.	r or cosigner. Make s	f your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Officia G). Use Schedule D, Schedule E/F, or Schedule G to fi
Name, I	Number, Street, City, State and ZIP Code		Check all schedules that apply:
3.1 Name			Schedule D, line
Name			☐ Schedule E/F, line ☐ Schedule G, line
Numbe City	r Street State	ZIP Code	
			□ Sahadula D. lir-
Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
Numbe City	r Street State	ZIP Code	

Schedule H: Your Codebtors

Page 38 of 61

Fill in this	information to identify your ca	ase:							
Debtor 1	David Paul I	Ryan			_				
Debtor 2 (Spouse, if fi	Jean Marie I	Ryan			_				
United St	ates Bankruptcy Court for the	: EASTERN DISTRICT	OF WISCONSIN		_				
Case nur	nber 18-20366		_			Check if this is	:		
(If known)						An amende	U	:	-1
								ing postpetition following date:	cnapter
Offici	al Form 106I					MM / DD/ Y	/YYY		
Sche	dule I: Your Inc	ome							12/15
spouse. It	g correct information. If you fyou are separated and you separate sheet to this form. Describe Employment	r spouse is not filing w	ith you, do not inclu	ide inforr	natio	on about your spe	ouse. If n	nore space is i	needed,
	in your employment rmation.		Debtor 1			Debtor 2	2 or non-	-filing spouse	
	u have more than one job,	Fundament status	☐ Employed			☐ Empl	oyed		
infor	ch a separate page with mation about additional loyers.	Employment status	■ Not employed			■ Not e	mployed		
	ude part-time, seasonal, or employed work.	Occupation Employer's name							
	upation may include student omemaker, if it applies.	Employer's address							
		How long employed t	here?						
Part 2:	Give Details About Mor	nthly Income							
	monthly income as of the dalless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0 in the	space. I	nclude your nor	n-filing
	our non-filing spouse have mo be, attach a separate sheet to		ombine the informatio	n for all e	mplo	oyers for that perso	on on the	lines below. If y	ou need
						For Debtor 1		ebtor 2 or iling spouse	
	monthly gross wages, sala uctions). If not paid monthly,			2.	\$	0.00	\$	0.00	
3. Esti	mate and list monthly overt	ime pay.		3.	+\$	0.00	+\$ _	0.00	
4. Calc	culate gross Income. Add lir	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form 106I Case 18-20366-gmh Doc 19 Filed 02/09/18

Case number (if known)

18-20366

5a. Tax, Medicare, and Social Security deductions 5a. \$ 0.00 \$ 0.00					For	Debtor 1	For Deb	tor 2 or g spouse	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for the fund fund for the fund fund fund for the fund fund fund fund fund fund for the fund fund fund fund fund fund fund fund		Сору	line 4 here	4.	\$_	0.00	\$	0.00	
5.5. Mandatory contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.7. Voluntary contributions for retirement plans 5.8. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5.9. \$ 0.00 \$ 0.00 5	5.	List a	all payroll deductions:						
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. So. 0.00 5e. Insurance 5d. So. 0.00 5e. So. 0.00 5e. So. 0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. Union dues 5g. So. 0.00 5g. 0.00 5g		5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	
56. Required repayments of retirement fund loans 56. Insurance 56. Domestic support obligations 56. Insurance 56. Domestic support obligations 57. Domestic support obligations 58. Domestic support obligations 59. Union dues 59. \$ 0.00 \$ 0.00 50. Union dues 59. \$ 0.00 \$ 0.00 50. One deductions. Specify: 50. Sh. Other deductions. Specify: 50. One deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Interest and dividends 8. \$ 0.00 \$ 0.00 8. Social security 8. Interest and dividends 8. \$ 0.00 \$ 0.00 8. Social Security 8. Other government sasistance that you regularly receive 8. Social Security 8. Specify: Foodshare Benefits 8. Pension or retirement income 8. One of the monthly income. Add lines 7 + line 9 8. Add the entiries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions to an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? 14. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 14. Do you expect an increase or decrease within the year after you file this form?		5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
5e. Insurance 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5g. Union dues 5g. Union due 6g. Union due 5g. Union due 6g.		5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00	
56. Insurance 57. Domestic support obligations 57. S 0.00 \$ 0.00 58. Union dues 58. Union dues 59. Union dues 59. Union dues 59. S 0.00 \$ 0.00 59. Union dues 59. Union dues 59. S 0.00 \$ 0.00 59. S 0.00 50. Other deductions. Specify: 50. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 50. S 0.00 \$ 0.00 50. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 50. S 0.00 \$ 0.00 50. Other monthly take-home pay. Subtract line 6 from line 4. 50. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5gh. 50. Other income regularly received: 50. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5gh. 50. Other income regularly received: 50. Other government addividends 50. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 50. Scale Security 50. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 50. Specify: Foodshare Benefits 51. S 113.00 S 0.00 52. O.00 53. O.00 54. S 0.00 S 0.00 55. O.00 55. O.00 56. O.00 57. O.00 58. O.00 58. Scale Security 59. Add all other income. Add line 7 + line 9. 50. Other monthly income. Specify: 50. Other monthly income. Add line 7 + line 9. 50. Other monthly income. Add line 7 + line 9. 50. Other monthly income. Add line 7 + line 9. 50. Other monthly income. Specify: 50. Other monthly income. Add line 7 + line 9. 50. Other monthly income. Add line 7 + line 9. 50. Other monthly income. Specify: 50. Other monthly income. Specify		5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
56. Domestic support obligations 59. Union dues 59. 0.00 \$ 0.00 50. Other deductions. Specify: 50. Other deductions. Specify: 50. Other deductions. Specify: 50. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8e. \$ 0.00 \$ 0.00 8. Social Security 8e. \$ 0.00 \$ 0.00 8. Social Security 8e. \$ 856.00 \$ 1,051.00 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Foodshare Benefits 8g. Poison or retirement income 8g. \$ 0.00 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,023.66 \$ 1,051.00 \$ 0.00 Add the entires in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions to an anumaried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amount		5e.	Insurance	5e.	\$		\$		
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Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Foodshare Benefits 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,023.66 \$ 1,051.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8e.	Social Security	8e.	\$	856.00	\$	1,051.00	
8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,023.66 \$ 1,051.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No.		8f.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8f.	\$	113.00	\$	0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{2,023.66}{}\$		8g.	Pension or retirement income	_ 8g.	\$	0.00	\$	0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 12. \$ 3,074.66 Combined monthly income No.		8h.	Other monthly income. Specify:	_ 8h.+	\$_	0.00 +	\$	0.00	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,023.66	\$	1,051.00	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies Do you expect an increase or decrease within the year after you file this form? No.	10.	Calcu	ulate monthly income. Add line 7 + line 9.	0. \$		2.023.66 + \$	1.051.0	00 = \$ 3.074.	66
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Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{3,074.66}{Combined monthly income}} 13. Do you expect an increase or decrease within the year after you file this form? No.	11.	Include other Do no	de contributions from an unmarried partner, members of your household, your of friends or relatives. It includes any amounts already included in lines 2-10 or amounts that are not a	depen			d in <i>Sche</i> d		00
13. Do you expect an increase or decrease within the year after you file this form? ■ No.	12.	Write	that amount on the Summary of Schedules and Statistical Summary of Certain				if it		66
13. Do you expect an increase or decrease within the year after you file this form? No.									Δ
☐ Yes. Explain:	13.	Do yo	, ,	•				monuny meon	.
			Yes. Explain:						

FIII	in this infor	nation to identify yo	our case:							
Deb	tor 1	David Paul F	Ryan					if this is:		
	tor 2 ouse, if filing)	Jean Marie F	Ryan				Α	n amended filing supplement show 3 expenses as of t	ing postpetition ch he following date:	apter
Unit	ed States Ba	nkruptcy Court for the	: EASTE	RN DISTRICT OF WISCO	NSIN		M	IM / DD / YYYY		
	e number nown)	18-20366								
Of	fficial F	orm 106J								
Sc	chedul	e J: Your	Exper	ises						12/15
Be info	as complet ormation. If	e and accurate as	possible. eded, atta	If two married people ar ch another sheet to this						
Par 1.		scribe Your House oint case?	hold							
١.	□ No. Go									
		oes Debtor 2 live	in a separ	ate household?						
		No	-							
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of D	ebto	r 2.		
2.	Do you ha	ave dependents?	■ No							
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	t -
	Do not sta								□ No	
	dependen	ts names.							☐ Yes	
									□ No □ Yes	
									□ No	
									□ Yes	
									□ No	
	_								☐ Yes	
3.	expenses	expenses include of people other to and your depende	han 👝	No Yes						
Est exp app	imate your enses as o licable dat ude expen	of a date after the lee. ses paid for with I	our bankri bankruptc non-cash	ptcy filing date unless y y is filed. If this is a supp government assistance it	lemental <i>Schedule</i> f you know					
	value of su ficial Form		d nave inc	eluded it on <i>Schedule I: Y</i>	our Income		_	Your expe	enses	
4.		I or home owners and any rent for th		ses for your residence. In r lot.	nclude first mortgage	4.	\$		641.00	
	If not incl	uded in line 4:								
	4a. Rea	al estate taxes				4a.	\$		0.00	
		perty, homeowner's	-			4b.			0.00	
		ne maintenance, re	•			4c.			60.00	
5.		neowner's associat		dominium dues o ur residence, such as hoi	me equity loans	4d. 5.			0.00	
٥.	Additions	ortgage payint	J.113 101 y	ai iodiacilos, sucil as ilui	mo oquity loans	٥.	Ψ		0.00	

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1 Debtor 2	David Paul Ryan Jean Marie Ryan	Case num	ber (if known)	18-20366
6. Util i	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	212.00
6b.	Water, sewer, garbage collection	6b.	\$	58.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	110.00
6d.	Other. Specify:	6d.	\$	0.00
7. Foo	d and housekeeping supplies	7.	\$	500.00
	dcare and children's education costs	8.	\$	0.00
9. Clo t	thing, laundry, and dry cleaning	9.	\$	110.00
10. Per s	sonal care products and services	10.	\$	74.00
	lical and dental expenses	11.	\$	20.00
	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12.	\$	180.00
13. Ent e	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14. Cha	ritable contributions and religious donations	14.	\$	0.00
	urance. not include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	\$	0.00
15b	. Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	100.00
15d.	Other insurance. Specify: Medicare Part B	15d.	\$	109.00
	Medicare Part B		\$	107.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: Income Taxes	 16.	\$	53.00
17. Ins t	allment or lease payments:		-	
	. Car payments for Vehicle 1	17a.	\$	0.00
17b	. Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe		19.		0.00
	er real property expenses not included in lines 4 or 5 of this form or on Scheo		our Income.	
	. Mortgages on other property	20a.		0.00
20b	. Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d	. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	. Homeowner's association or condominium dues	20e.	\$	0.00
21. Oth	er: Specify:	21.	+\$	0.00
	·			3.55
	culate your monthly expenses			
	Add lines 4 through 21.		\$	2,434.00
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,434.00
	culate your monthly net income.			 _
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	· .	3,074.66
23b	. Copy your monthly expenses from line 22c above.	23b.	-\$	2,434.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	640.66
For emod				ease or decrease because of a
24. Do y For e mod	The result is your <i>monthly net income</i> . you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your iffication to the terms of your mortgage? No.	u file this	form?	

page 2

Schedule J: Your Expenses

Official Form 106J

Debtor 1	David Paul Ryan			
	First Name	Middle Name	Last Name	
Debtor 2	Jean Marie Ryan			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT C	F WISCONSIN	
	18-20366			
(if known)				☐ Check if this is an
				amended filing

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	OT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have re hat they are true and correct. X /s/ David Paul Ryan David Paul Ryan	ad the summary and schedules filed with this declaration and X /s/ Jean Marie Ryan Jean Marie Ryan

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill	l in th	his information to identify y	our case:			
De	btor 1	David Paul Ry	/an			
		First Name	Middle Name	Last Name		
	btor 2	Ocan mane m	/an Middle Name	Lost Name		
(Spo	ouse if,	, filing) First Name	Middle Name	Last Name		
Un	ited S	States Bankruptcy Court for the	ne: EASTERN DISTRICT (OF WISCONSIN		
Ca	se nu	umber 18-20366				
(if kı	nown)					Check if this is an
						amended filing
Of	ffici	ial Form 107				
St	ate	ment of Financia	I Affairs for Indiv	iduals Filing for E	Bankruptcy	4/10
			ssible. If two married people			upplying correct
info	rmat	tion. If more space is need	ed, attach a separate sheet t			
nun	nber	(if known). Answer every q	uestion.			
Pa	rt 1:	Give Details About Your	Marital Status and Where You	ou Lived Before		
1.	Wh	at is your current marital st	atus?			
	_	·				
		Married				
		Not married				
2.	Dur	ring the last 3 years, have y	ou lived anywhere other tha	n where you live now?		
	_	No	ou lived in the last 3 years. Do	not include where you live no	A/	
	_	res. List all of the places yo	ou lived iii tile last 5 years. Do	not include where you live no	vv.	
	De	ebtor 1 Prior Address:	Dates Debtor lived there	1 Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
			lived there			livea there
3.			ever live with a spouse or I			
siai	es ar	na territories include Anzona,	California, Idaho, Louisiana, N	nevada, New Mexico, Puerto F	nco, rexas, washington and	Wisconsin.)
		No				
		Yes. Make sure you fill out	Schedule H: Your Codebtors (Official Form 106H).		
D-		Foundation than Commercia at N				
Pa	rt 2	Explain the Sources of Y	our income			
4.	Did	you have any income from	employment or from operat	ing a business during this y	ear or the two previous ca	lendar years?
			you received from all jobs and			•
	II yc	ou are tiling a joint case and y	ou have income that you rece	ive together, list it only once u	nder Debtor 1.	
		No				
		Yes. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Debtor 2		rid Paul R n Marie R					Cas	se number (if known)	18-20366	3
Include and o	de inco other p	ome regardl ublic benefi	ess of wheth t payments;	er that inco pensions; r	ome is taxable. Ex ental income; inte	camples o erest; divid		alimony; child supp cted from lawsuits;	royalties; an	ecurity, unemployment d gambling and lottery
List e	ach so	ource and th	ne aross inco	me from ea	ach source separa	atelv. Do i	not include income	that vou listed in lir	ne 4.	
_			3			, .		,		
	No Voo E	ill in the det	oilo							
-	1 es. r	iii iii tile det	ans.							
				Debtor 1				Debtor 2		
				Sources Describe	of income below.	each (before	s income from source re deductions and sions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
		1 of curren ed for ban	t year until kruptcy:	Social S	ecurity		\$983.00	Social Secur	ity	\$1,183.00
or last o		ar year: December 3	31, 2017)	Social S	ecurity		\$11,556.00	Social Secur	ity	\$13,920.00
		ar year befo		Social S	ecurity		\$11,530.80	Social Secur	ity	\$13,870.80
		·	-	re you filed	family, or househo		se." y any creditor a tota	al of \$6,425* or mo	re?	
		☐ Yes	List below e paid that cre not include	each credito editor. Do r payments t	not include payme to an attorney for t	ents for do this bankı	mestic support obli	gations, such as ch	nild support a	he total amount you and alimony. Also, do
					e primarily cons I for bankruptcy, d		ots. y any creditor a tota	al of \$600 or more?)	
		□ No.	Go to line 7							
		■ Yes		ments for c	lomestic support o		of \$600 or more an s, such as child sup			t creditor. Do not include payments to an
Cred	ditor's	Name and	Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this	payment for
Attn PO	n: Bar Box (rs Credit l nkruptcy 08140 VI 53408	Jnion		Last 90 days.	-	\$1,923.00	\$108,123.00	■ Mortga □ Car □ Credit (□ Loan R □ Supplie	Card

 7. Within 1 year before you filed for bankruptcy, did you make a payment on a <i>Insiders</i> include your relatives; any general partners; relatives of any general part of which you are an officer, director, person in control, or owner of 20% or more of a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments falimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total 8. Within 1 year before you filed for bankruptcy, did you make any payments of insider? Include payments on debts guaranteed or cosigned by an insider. 	rtners; partnerships of which you are a general partner; corpora of their voting securities; and any managing agent, including or for domestic support obligations, such as child support and If amount Amount you Reason for this payment
Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total 8. Within 1 year before you filed for bankruptcy, did you make any payments of insider?	paid still owe or transfer any property on account of a debt that benefited I amount Amount you Reason for this payment
8. Within 1 year before you filed for bankruptcy, did you make any payments of insider?	paid still owe or transfer any property on account of a debt that benefited I amount Amount you Reason for this payment
insider?	I amount
■ No□ Yes. List all payments to an insider	
• •	
Part 4: Identify Legal Actions, Repossessions, and Foreclosures	, , , , , , , , , , , , , , , , , , ,
modifications, and contract disputes. \[\sum \text{No} \] \[\text{Yes. Fill in the details.} \]	
Case title Nature of the case Court Case number	t or agency Status of the case
City of Milwaukee vs. David P Ryan Transcript of Circu Milwaukee County Case Number Judgment County 2017TJ00129 901 N	uit Court for Milwaukee nty North 9th Street raukee, WI 53202 Pending On appeal Concluded
Milwaukee County Case Number Small Claims Coun 2017SC04039 901 N	uit Court for Milwaukee nty North 9th Street raukee, WI 53202 Pending On appeal Concluded
Milwaukee County Case Number Small Claims Coun 2017SC02370 901 N	uit Court for Milwaukee nty North 9th Street raukee, WI 53202 Pending On appeal Concluded
Milwaukee County Case Number Claim Under Coun 2017SC01324 Dollar Limit 901 N	uit Court for Milwaukee nty N. 9th Street raukee, WI 53202
	☐ Pending ☐ On appeal ☐ Concluded

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	David Paul Ryan Jean Marie Ryan		Case numbe	r (if known) 18-2036	66
10.	Check	n 1 year before you filed for bankru all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below.		as any of your property repossessed, foreclose	d, garnished, attac	hed, seized, or levied?
		itor Name and Address		scribe the Property Dain what happened	Date	Value of the property
11.	accol	n 90 days before you filed for bank unts or refuse to make a payment b No Yes. Fill in the details.		did any creditor, including a bank or financial ir you owed a debt?	nstitution, set off a	ny amounts from your
		itor Name and Address	Des	scribe the action the creditor took	Date action was	s Amount
12.	court	n 1 year before you filed for bankru- -appointed receiver, a custodian, c No Yes List Certain Gifts and Contribution	r anothe	as any of your property in the possession of an er official?	assignee for the b	enefit of creditors, a
13.	I	n 2 years before you filed for bank No Yes. Fill in the details for each gift.	ruptcy, d	lid you give any gifts with a total value of more	than \$600 per pers	on?
	per p	with a total value of more than \$6 person on to Whom You Gave the Gift and ress:		Describe the gifts	Dates you gave the gifts	Value
14.	I	n 2 years before you filed for bank No Yes. Fill in the details for each gift or o		lid you give any gifts or contributions with a tot	tal value of more th	an \$600 to any charity?
	more Char	or contributions to charities that than \$600 city's Name Cess (Number, Street, City, State and ZIP Coo		Describe what you contributed	Dates you contributed	Value
Par	t 6:	List Certain Losses				
15.	or ga	n 1 year before you filed for bankrumbling? No Yes. Fill in the details.	iptcy or	since you filed for bankruptcy, did you lose any	ything because of t	heft, fire, other disaster,
		cribe the property you lost and the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

	otor 1 otor 2	David Paul Ryan Jean Marie Ryan				Case num	nber (if known)	18-20366	
Par	t 7:	List Certain Payments or Transfers							
	consu	n 1 year before you filed for bankrup ulted about seeking bankruptcy or pr le any attorneys, bankruptcy petition pre	eparin	ng a bankruptcy pe	etition?				rty to anyone you
		No Yes. Fill in the details.							
	Addr Emai	on Who Was Paid ress il or website address on Who Made the Payment, if Not Yo	u	Description and transferred	value of any pro	operty		payment nsfer was	Amount of payment
	promi	n 1 year before you filed for bankrup ised to help you deal with your credi it include any payment or transfer that y	tors or	r to make payment			ay or transf	er any prope	rty to anyone who
	_ '	No							
		Yes. Fill in the details. on Who Was Paid ress		Description and transferred	value of any pro	operty	or tra	payment nsfer was	Amount of payment
 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than protransferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 									
	Addr	on Who Received Transfer ress on's relationship to you		Description and property transfe		paymo	ibe any prop ents receive n exchange		Date transfer was made
	Within benef	n 10 years before you filed for bankru ficiary? (These are often called asset-p No Yes. Fill in the details.			ny property to ຄ	a self-settle	d trust or si	milar device	of which you are a
	Nam	e of trust		Description and	value of the pro	perty trans	sferred		Date Transfer was made
Par	t 8:	List of Certain Financial Accounts, I	nstrun	nents. Safe Depos	it Boxes. and S	torage Unit	ts		
20.	Within sold, Include house	n 1 year before you filed for bankrup moved, or transferred? de checking, savings, money market, es, pension funds, cooperatives, ass No Yes. Fill in the details.	tcy, we	ere any financial a ner financial accol	ccounts or inst	ruments he	eld in your n	, ,	, ,
		e of Financial Institution and 'ess (Number, Street, City, State and ZIP		st 4 digits of count number	Type of acco	unt or	Date according to the closed, so moved, or transferred	ld,	Last balance before closing or transfer
		ou now have, or did you have within to or other valuables?	l year	before you filed fo	or bankruptcy, a	ny safe de _l	posit box or	other depos	itory for securities,
	_	No Yes. Fill in the details.							
	Nam	e of Financial Institution ress (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number, State and ZIP Code)		Describe	the content	s	Do you still have it?

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	David Paul Ryan Jean Marie Ryan		Case number (if known)	18-20366				
22.	Have	you stored property in a storage unit or p	place other than your home within 1	year before you filed f	or bankruptcy?				
	_	No Yes. Fill in the details.							
		e of Storage Facility ress (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	S	Do you still have it?			
Par	t 9:	Identify Property You Hold or Control for	Someone Else						
23.		ou hold or control any property that some omeone.	one else owns? Include any proper	ty you borrowed from,	are storing for,	or hold in trust			
	_	No Yes. Fill in the details.							
	_	er's Name ress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	1	Value			
Par	t 10:	Give Details About Environmental Inform	nation						
For	the pu	rpose of Part 10, the following definitions	s apply:						
•	toxic regul Site r to ow Haza	conmental law means any federal, state, or substances, wastes, or material into the ations controlling the cleanup of these sumeans any location, facility, or property as no, operate, or utilize it, including disposa ardous material means anything an environdous material, pollutant, contaminant, or	air, land, soil, surface water, ground ibstances, wastes, or material. s defined under any environmental l I sites. nmental law defines as a hazardous	water, or other mediu	m, including stat	utes or utilize it or used			
Rep	ort all	notices, releases, and proceedings that y	ou know about, regardless of when	they occurred.					
24.	Has a	nny governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation o	f an environmen	ital law?			
	_	No							
	Nam	Yes. Fill in the details. e of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law	v, if you	Date of notice			
25.	Have	Have you notified any governmental unit of any release of hazardous material?							
	_	No Yes. Fill in the details.							
	-	e of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental lav	v, if you	Date of notice			
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details.								
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case		Status of the case			
Par	t 11:	Give Details About Your Business or Co	nnections to Any Business						
27.	Withi	n 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following coni	nections to any b	ousiness?			
	I	☐ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part	-time				
		☐ A member of a limited liability company							
Offici	ial Form	1 107 Statement	of Financial Affairs for Individuals Filing	for Bankruptcy		page 6			

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	btor 1 David Paul Ryan btor 2 Jean Marie Ryan	c	ase number (if known) 18-20366					
	■ No. None of the above applies. Go to □ Yes. Check all that apply above and Business Name	ting or equity securities of a corporation	Employer Identification number					
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN. Dates business existed					
28.	Within 2 years before you filed for bankruinstitutions, creditors, or other parties. No Yes. Fill in the details below.	uptcy, did you give a financial statement to a	anyone about your business? Include all financial					
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						
Par	rt 12: Sign Below							
are to with 18 U	I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ David Paul Ryan /s/ Jean Marie Ryan							
	avid Paul Ryan gnature of Debtor 1	Jean Marie Ryan Signature of Debtor 2						
Dat	te February 8, 2018	Date February 8, 2018						
Did ■ N	No	ment of Financial Affairs for Individuals Fili	ng for Bankruptcy (Official Form 107)?					
	Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No □ Yes. Name of Person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).							

Fill in this information to identify your case:						
Debtor 1	David Paul Ryan					
Debtor 2 (Spouse, if filing)	Jean Marie Ryan					
United States E	Bankruptcy Court for the: Eastern District of Wisconsin					
Case number (if known)	18-20366					

Check as directed in lines 17 and 21:								
	According to the calculations required by this Statement:							
•	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4 The commitment period is 5 years							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during

the 6 months, add the income for all 6 months and divide the to spouses own the same rental property, put the income from the						
			Column A Debtor 1		Column Debtor non-fili	
 Your gross wages, salary, tips, bonuses, overtim payroll deductions). 	e, and commissions	(before all	\$	0.00	\$	0.00
 Alimony and maintenance payments. Do not inclu Column B is filled in. 	de payments from a s	pouse if	\$	0.00	\$	0.00
 All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househ and roommates. Do not include payments from a spryou listed on line 3. Net income from operating a business, 	ort. Include regular co old, your dependents,	ntributions parents,	\$	0.00	\$	0.00
profession, or farm Gross receipts (before all deductions)	5,813.0	0				
Ordinary and necessary operating expenses						
Net monthly income from a business,		Copy 4 here ->	\$	282.54	\$	0.00
. Net income from rental and other real property	Debtor 1					
Gross receipts (before all deductions)	608.3	3				
Ordinary and necessary operating expenses	\$ 435.3	8				
Net monthly income from rental or other real property	§ 172.9	Copy 6 here ->	\$	172.96	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

 Interest, dividends, and royalties Unemployment compensation Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: For you For your spouse Pension or retirement income. Do not include any benefit under the Social Security Act. Income from all other sources not listed above. Do not include any benefits received under the Social received as a victim of a war crime, a crime against domestic terrorism. If necessary, list other sources of 	\$ 0.0 \$ 0.0 amount received that was Specify the source and am al Security Act or payment humanity, or international	DO DO s a nount. ts or	Column A Debtor 1 \$ \$ \$	0.00	Column B Debtor 2 c non-filing \$ \$ \$		
total below. Food Share			\$	104.00	¢	0.00	
Food Snare		_	Ф \$	0.00	\$ 	0.00	
Total amounts from separate pages, if any.		_ +	\$	0.00	\$	0.00	
Calculate your total average monthly income. Ac each column. Then add the total for Column A to the Part 2: Determine How to Measure Your Deduction	ld lines 2 through 10 for e total for Column B.	\$	579.83	+ \$ _	0.00		579.83 al average athly income
12. Copy your total average monthly income from lin	ne 11.					\$	579.83
13. Calculate the marital adjustment. Check one:	ic 11.					Ψ	379.03
☐ You are not married. Fill in 0 below.							
■ You are married and your spouse is filing with	you. Fill in 0 below.						
You are married and your spouse is not filing we Fill in the amount of the income listed in line 11 dependents, such as payment of the spouse's Below, specify the basis for excluding this incomadjustments on a separate page. If this adjustment does not apply, enter 0 below	, Column B, that was NOT tax liability or the spouse's me and the amount of inco	suppor	t of someor	ne other th	nan you or you	ır depende	ents.
Total		Φ.	0.0	00	hava		0.00
l otal		\$	0.0		opy here=>		0.00
14. Your current monthly income. Subtract line 13 f	rom line 12.					\$	579.83
15. Calculate your current monthly income for the	year. Follow these steps:						E70 00
						\$	579.83
Multiply line 15a by 12 (the number of month	ns in a year).					x 1	2
15b. The result is your current monthly income fo	r the year for this part of th	ne form.				\$	6,957.96

16	. Calcı	ulate the median family income that applies to yo	u. Follow these steps:		
	16a.	Fill in the state in which you live.	WI		
	16b.	Fill in the number of people in your household.	2		
		— Fill in the median family income for your state and si		\$	63,739.00
		To find a list of applicable median income amounts, instructions for this form. This list may also be availa		ne separate	
17		do the lines compare?	, ,		
	17a.	Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NC			
	17b.	☐ Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcular your current monthly income from line 14 about 14 about 15 cm.	ation of Your Disposable Income (
Par	t 3:	Calculate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)		
18.	Сору	your total average monthly income from line 11		\$	579.83
19.	conte	act the marital adjustment if it applies. If you are need that calculating the commitment period under 11 se's income, copy the amount from line 13.	narried, your spouse is not filing with U.S.C. § 1325(b)(4) allows you to de	you, and you duct part of your	
	19a.	If the marital adjustment does not apply, fill in 0 on li	ne 19a.	-\$	0.00
	19b. S	Subtract line 19a from line 18.		\$_	579.83
20.	Calcı	ulate your current monthly income for the year.	Follow these steps:		
_0.		Copy line 19b		\$	579.83
		Multiply by 12 (the number of months in a year).			x 12
					X 12
	20b.	The result is your current monthly income for the year	r for this part of the form	\$	6,957.96
	20c.	Copy the median family income for your state and si	ze of household from line 16c	\$	63,739.00
	21.	How do the lines compare?			
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court, on the top of p	page 1 of this form, check box 3	The commitment
		Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ss otherwise ordered by the court, or	n the top of page 1 of this form,	check box 4, The
Par	t 4:	Sign Below			
	By si	gning here, under penalty of perjury I declare that the	e information on this statement and ir	n any attachments is true and co	orrect.
2	X /s/ I	David Paul Ryan	X /s/ Jean Marie	Ryan	
	Dav	rid Paul Ryan nature of Debtor 1	Jean Marie Rya Signature of Debt		
	_	February 8, 2018	Date February		
		MM / DD / YYYY	MM / DD /		
	•	checked 17a, do NOT fill out or file Form 122C-2. checked 17b. fill out Form 122C-2 and file it with thi			

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Current Monthly Income Details for the Debtor

Debtor Income Details:

Debtor 1 Debtor 2

Income for the Period 07/01/2017 to 12/31/2017.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: Ryan 1000, LLC Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	07/2017	\$4,306.00	\$4,307.50	
5 Months Ago:	08/2017	\$4,580.00	\$3,893.74	
4 Months Ago:	09/2017	\$4,400.00	\$3,848.26	
3 Months Ago:	10/2017	\$2,550.00	\$2,221.33	
2 Months Ago:	11/2017	\$1,300.00	\$1,508.93	
Last Month:	12/2017	\$1,300.00	\$1,396.65	
	Average per month:	\$3,072.67	\$2,862.74	
			Average Monthly NET Income:	

Line 5 - Income from operation of a business, profession, or farm

Source of Income: Ryan 8641, LLC Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	07/2017	\$2,705.00	\$2,977.69	\$-272.69
5 Months Ago:	08/2017	\$3,237.00	\$3,264.13	\$-27.13
4 Months Ago:	09/2017	\$2,590.00	\$2,680.81	\$-90.81
3 Months Ago:	10/2017	\$2,650.00	\$2,484.94	\$165.06
2 Months Ago:	11/2017	\$2,665.00	\$1,085.20	\$1,579.80
Last Month:	12/2017	\$2,595.00	\$3,513.55	\$-918.55
	Average per month:	\$2,740.33	\$2,667.72	
			Average Monthly NET Income:	\$72.61

Line 6 - Rent and other real property income

Source of Income: 5811 West Lisbon Avenue

Income/Expense/Net by Month:

•	Date	Income	Expense	Net
6 Months Ago:	07/2017	\$500.00	\$300.00	\$200.00
5 Months Ago:	08/2017	\$0.00	\$286.00	\$-286.00
4 Months Ago:	09/2017	\$500.00	\$71.00	\$429.00
3 Months Ago:	10/2017	\$500.00	\$142.00	\$358.00
2 Months Ago:	11/2017	\$0.00	\$272.09	\$-272.09
Last Month:	12/2017	\$500.00	\$200.00	\$300.00
_	Average per month:	\$333.33	\$211.85	
	_		Average Monthly NET Income:	\$121.49

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

\$-1.50 \$686.26 \$551.74 \$328.67 \$-208.93 \$-96.65

\$209.93

18-20366 Case number (if known)

David Paul Ryan Debtor 1 Debtor 2 Jean Marie Ryan

Line 6 - Rent and other real property income Source of Income: 5834-36 West Lisbon Avenue

Income/Expense/Net by Month:

	Date	Income
6 Months Ago:	07/2017	\$0.00
5 Months Ago:	08/2017	\$0.00
4 Months Ago:	09/2017	\$0.00
3 Months Ago:	10/2017	\$550.00
2 Months Ago:	11/2017	\$550.00
Last Month:	12/2017	\$550.00
	Average per month:	\$275.00

Expense	Net
\$209.75	\$-209.75
\$115.00	\$-115.00
\$188.02	\$-188.02
\$317.44	\$232.56
\$300.00	\$250.00
\$210.95	\$339.05
\$223.53	
Average Monthly NET Income:	\$51.47

Line 10 - Income from all other sources

Source of Income: Food Share

Income by Month:

6 Months Ago:	07/2017	\$13.00
5 Months Ago:	08/2017	\$274.00
4 Months Ago:	09/2017	\$120.00
3 Months Ago:	10/2017	\$113.00
2 Months Ago:	11/2017	\$113.00
Last Month:	12/2017	\$113.00
	Average per month:	\$124.33

Non-CMI - Social Security Act Income Source of Income: Social Security Constant income of \$856.00 per month.

Debtor 1 Devid Paul Ryan Scale number (if known) 18-20366

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 07/01/2017 to 12/31/2017.

Non-CMI - Social Security Act Income Source of Income: Social Security Constant income of \$1,051.00 per month.

Official Form 122C-1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Page 59 of 61

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_fo

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Eastern District of Wisconsin

In	David Paul Ryan 1 re Jean Marie Ryan		Case No.	18-20366		
		Debtor(s)	Chapter	13		
	DISCLOSURE OF COMPEN			. ,		
1.	compensation paid to me within one year before the filing	suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that appensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to endered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:				
				4,000.00		
	Prior to the filing of this statement I have received		\$	300.00		
	Balance Due		\$	3,700.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are mem	bers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name					
5.	In return for the above-disclosed fee, I have agreed to ren	nder legal service for all aspec	ets of the bankruptcy of	ase, including:		
	a. Analysis of the debtor's financial situation, and renderb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of creditor	ment of affairs and plan which	h may be required;			
	 d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hour 	ns as needed; preparation				
5.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding.			es, relief from stay actions or		
		CERTIFICATION				
thi	I certify that the foregoing is a complete statement of any is bankruptcy proceeding.	agreement or arrangement fo	r payment to me for r	epresentation of the debtor(s) in		
February 8, 2018 Date		/s/ Paul A. Strouse	01017891			
		Signature of Attorn Strouse Law Off				
		413 North 2nd St				
		Suite #150	3203			
		Milwaukee, WI 53 414-320-0820 Fa				
		Strouselawoffice	es@gmail.com			
		Name of law firm				